

MSU PORT ARTHUR'S DEAD SHIP TOW APPLICATION

RESTRICTIONS FOR DEAD SHIP TOW: DAYLIGHT TRANSIT; WINDS LESS THAN 15 KTS; MINIMUM OF THREE MILES VISIBILITY.

- 1. **NAME OF VESSEL:** _____ **OFFICIAL NO.** _____
- 2. **TRANSIT FROM:** _____ **TRANSIT TO:** _____
- 3. **IF GOING TO ANOTHER COTP ZONE: HAS APPROVAL BEEN GRANTED FROM THEM?**
YES / NO P.O.C. _____
- 4. **COMMENCING:** _____ (TIME) _____ (DATE) (departing dock or at sea buoy)
- 5. **ENDING:** _____ (TIME) _____ (DATE) (arriving at dock or at sea buoy)

SUBJECT TO DAYLIGHT TRANSIT ONLY

- 6. **INTENDED TRACKLINE OF TRANSIT** (waterways affected): _____

- 7. **VESSEL SPECIFICATIONS: DIMENSIONS:** _____ (L) X _____ (W)
DRAFT: FORE: _____ **AFT:** _____ **PORT:** _____ **STBD:** _____ (FT)
TRIM: _____ (FT) **GROSS TONS:** _____

- 8. **AMOUNT / TYPE / LOCATION OF ALL OIL PRODUCTS ON BOARD:**

- 9. **VESSEL RESPONSE PLAN AVAILABLE? (IF APPLICABLE) YES / NO**

- 10. **AMOUNT / TYPE / LOCATION OF ALL FREIGHT ON BOARD:**

- 11. **CERTIFICATE OF FINANCIAL RESPONSIBILITY AVAILABLE? (IF APPLICABLE) YES / NO**

- 12. **TOW INFO:** _____ **HP:** _____ (LEAD TUG) **VHF-FM** _____ **OR** _____
_____ **HP:** _____
_____ **HP:** _____
_____ **HP:** _____

EXPECTED SPEED OF TRANSIT: _____

- 13. **PILOTS NOTIFIED: YES / NO** **AT LEAST ONE PILOT ON BOARD: YES / NO**
IF YES WHO / WHEN: _____

- 14. **IS A COAST GUARD INSPECTION NEEDED PRIOR TO DEPARTING/ENTERING PORT? YES / NO**

- 15. **HAS AN INSPECTION BEEN CONDUCTED BY AN UNDERWRITER OR REPUTABLE SURVEYOR FOR TOWING PREPARATIONS: YES / NO**

- 16. **INTENTIONS FOR STEERING GEAR, MAIN SHAFT LOCKING ARRANGEMENTS AND WATER TIGHT INTEGRITY:** _____

- 17. **POINT OF CONTACT:** _____ (NAME OF INDIVIDUAL)
_____ (COMPANY NAME)
_____ (24HR PHONE NUMBER)

I _____ (accountable person for dead ship) have made notifications to COTP zone(s) in which I will be transiting and all involved parties. Also, I agree that I will notify MSO Port Arthur prior to deviating from this plan.

Signature

THIS APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) DAYS IN ADVANCE OF THE TRANSIT AND MUST BE RECEIVED AT THIS OFFICE BETWEEN 0700-1530 (MON-THU) AND 0700-1500 ON FRIDAY. ANY DEVIATION FROM THIS REQUIREMENT MAY DELAY THE TRANSIT.

**MSU Port Arthur
Dead Ship Movement Response**

RE: Vessel: _____

Date of Application: _____

Date of Movement: _____

Load Line Certificate Load Line Exemption Date: _____

ACCEPTABLE PLAN NOT ACCEPTABLE PERMIT NO. _____

NAME: _____

SIGNATURE: _____

**Notify VTS Port Arthur 30 minutes prior to getting underway with
the tow. VTS Port Arthur monitors Channel 01A and 65A VHF-FM.**

**ANY DEVIATION FROM THE TIMES OR LOCATIONS SPECIFIED IN THIS APPLICATION
MUST BE REPORTED TO VTS PORT ARTHUR.**

PHONE (409) 719-5070 FAX at (409) 719-5090.

**This application is for the Port Arthur Captain of the Port zone
only. You should notify Captain of the Port zones of your
destination port. We will provide point of contact information
for other COTP Zones upon request.**